

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

RECEIVED

MAY 02 2016

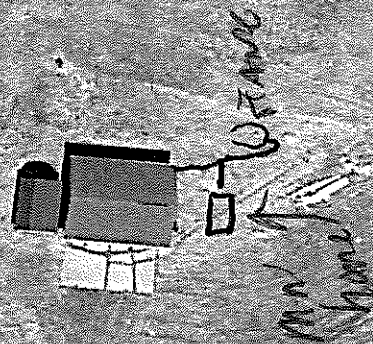


I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No:		County Permit No: <u>16-0298</u>	
Property Owner's Name <u>Evan Coulson + Gabrielle Hodges</u>				County: Bayfield			
Address of Property <u>30950 Chapeck Road</u>				Property Location: 1/4 1/4 S T N, R E (or) W			
Property Owner's Mailing Address <u>440 Pakentuck Road 618-759-1547</u>				Township		Gov. Lot #:	
City, State <u>OSARK, IL</u>	Zip Code <u>62972</u>	Phone Number <u>(618) 639-1547</u>	Lot #	Block #:	Subdivision Name or CSM #:		
II. TYPE OF BUILDING: (Check One)							
<input type="checkbox"/> State Owned				Parcel ID Tax Number(s):			
<input type="checkbox"/> Public (Explain the use/purpose _____)							
<input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>2</u>							
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)							
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> County Private Interceptor 1. <input checked="" type="checkbox"/> Reconnection 2. <input type="checkbox"/> Repair 3. <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)							
B) <input type="checkbox"/> A Sanitary Permit was previously issued. <i>Previous Permit Number: <u>2982418</u> Date Issued: <u>8-4-1998</u></i>							
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above							
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy (Temporary Use Only) <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet							
V. ABSORPTION SYSTEM INFORMATION:							
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)	
VI. TANK INFORMATION:		Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed
		New Tanks	Existing Tanks				
Septic Tank or Holding Tank			<u>2000</u>				
Lift Pump Tank / Siphon Chamber							
VII. RESPONSIBILITY STATEMENT:							
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.							
Plumber's / Owner's Name: (Print) <u>DAVID Blakeman</u>				Plumber's / Owner's Signature: (No Stamps) <u>David Blakeman</u>		MP/MPRSW No: <u>221123</u>	
Plumber's Address: (Street, City State, Zip Code) <u>44941 Hwy 13 Ashland</u>				Home Phone: <u>208-5712</u>		Business Phone: <u>682-6050</u>	
VIII. COUNTY / DEPARTMENT USE ONLY							
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: <u>\$50</u>		Date Issued: <u>8-30-16</u>	
						Issuing Agent's Signature / Date: <u>[Signature]</u>	
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:							
<u>Pending approval of a bank house / conversion for garage.</u> <u>OK to hook up camper / min. home.</u>							
Rec'd for Issuance MAY 17 2016 Secretarial Staff		Rec'd for Issuance SEP 07 2016 Secretarial Staff					

Plot Plan on reverse side

Legend

Feature 1



SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
OFFICE 111
AUG 10 2016
Bayfield Co. Zoning Dept.

Permit #: 16-0301
Date: 9-7-16
Amount Paid: \$850
Refund: 9-7-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Debra J. Dahl	Mailing Address: 27435 ST. Hwy 137 Ashland, WI 54806	City/State/Zip: Ashland, WI 54806	Telephone: 715-682-3973
Address of Property: 27435 ST. Hwy 137		City/State/Zip: Ashland, WI 54806	Call Phone: 715-682-3973
Contractor:	Contractor Phone:	Plumber: Adrian Cadu	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4 SW 1/4		PIN: (23 digits) 04-620-2-47-05-09-3 04-000-11000	Recorded Document: (i.e. Property Ownership) Volume 973 Page(s) 94
Section 9, Township 47 N, Range 5 W		Town of: Eileen	
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue -->	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue -->		Distance Structure is from Shoreline: feet	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 50,600	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input checked="" type="checkbox"/> Guest House	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 30	Width: 34	Height: 12'
Proposed Construction:	Length: 30	Width: 34	Height: 12'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2nd) Deck with (2nd) Deck with Attached Garage	(24 x 30) () () () () ()	720
<input type="checkbox"/> Commercial Use Rec. or Industrial	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify)	() () () () ()	
<input type="checkbox"/> Municipal Use Sec. or Public	<input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input type="checkbox"/> Other: (explain)	() () ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Debra J. Dahl Date 8-10-2016
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 27435 ST. Hwy 137 Ashland, WI 54806
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attached lot
Soil test

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	16' / 187 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	146 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1100 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	50 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	110 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	Feet
Setback to Drain Field	10 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings, All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: <u>16-335</u>	# of bedrooms: _____	Sanitary Date: <u>8/2/16</u>
Permit Denied (Date): _____	Reason for Denial: _____		
Permit #: <u>16-0301</u>	Permit Date: <u>9-7-16</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Zoning District Lakes Classification	<u>R-1</u> <u>100%</u>
Date of Inspection: <u>8-25-16</u>	Inspected by: <u>RE</u>	Date of Re-Inspection:	

Condition(s) Town, Committee or Board Conditions Attached? ☐ Yes ☒ No (If No they need to be attached.)

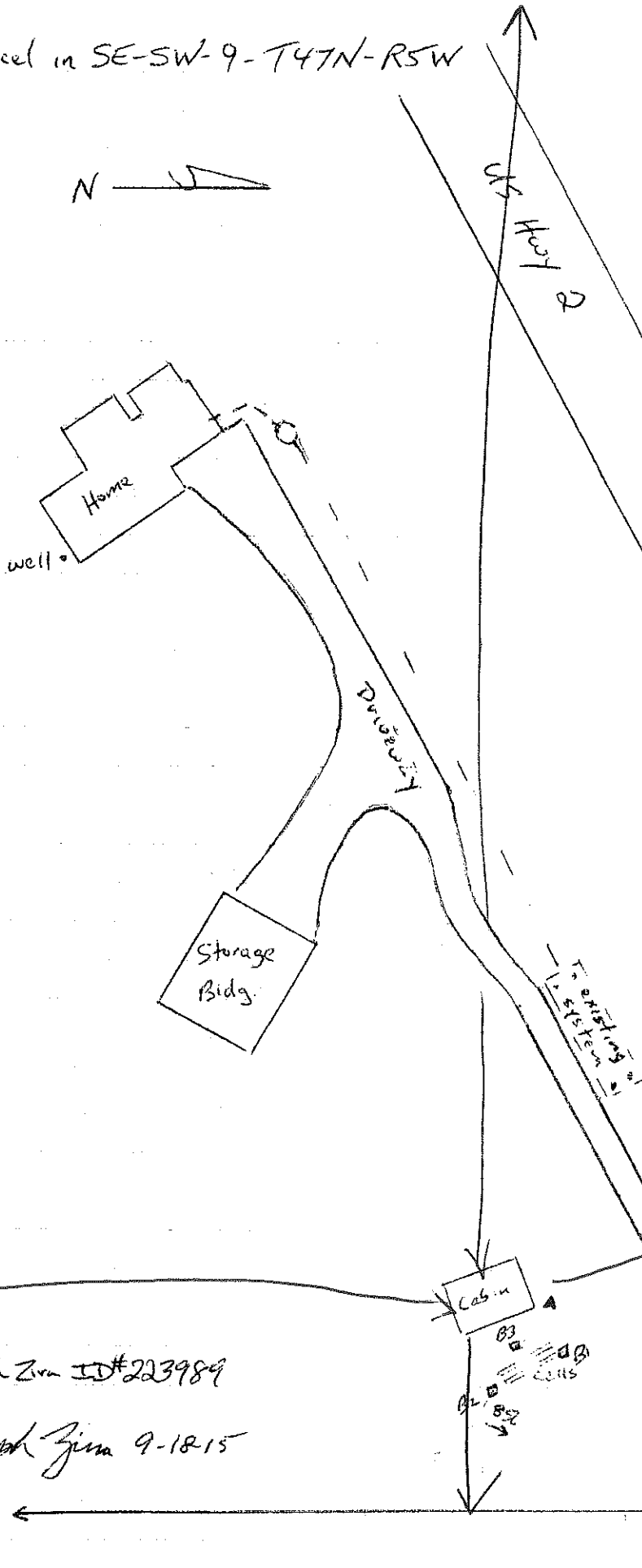
OK

Signature of Inspector: <u>Shawley</u>	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	Date of Approval: <u>9-7-16</u>
Hold For Sanitary: <input type="checkbox"/> _____				

Town of Eileen

Page 3

Parcel in SE-SW-9-T47N-R5W



- Map Scale - 1" = 60'

- BM Δ - bottom of vertical wood corner
trim NE corner of cabin = 100'
(.1' above ground level)

- Elevations

B1 = 97.3'

B2 = 98.0

B3 = 98.4'

Proposed Sewer Outlet = 98.0'

- System Elevation
91.5'

- 1 bedroom guest cabin = 150 gpd

- Recommended design loading
rate = .7 gpd/sq ft

- Two 3' x 22' distribution cells
recommended

- Contingency Plan - if or when
system ever fails, another
soil test recommended to
find suitable replacement site

Joseph Zim ID#223989

Joseph Zim 9-18-15

Erkilla Rd

Survey
Stake

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
SEP 02 2016
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 16-0302
Date: 9-8-16
Amount Paid: \$312.50
Refund: 9-2-16

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Northern Cleaning Inc.
Address of Property: 1805 Main St. W Ashland WI 54806
City/State/Zip: Ashland, WI 54806
Cell Phone:
Telephone:
Contractor: Campbell Const. Nymt Inc.
Authorized Agent: (Person Signing Application on behalf of Owner's)
Contractor Phone: 715-209-1402
Plumber: N/A
Agent Mailing Address (include City/State/Zip): 715 209-1012 1418 9th St. W Ashland WI 54806
Written Authorization Attached: ☒ Yes ☐ No
P.I.N. (23 digits) 04-0202470510301000210004
Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

PROJECT LOCATION: W 1/2 Sec 1/4, SW 1/4
Gov't Lot: 1
Lot(s): 1
G.M. Area: 11.30
Vol & Page: 11.30
Lot(s) No.:
Block(s) No.:
Subdivision:
Section: 10, Township: 47 N, Range: 5 W
Town of: EILEEN
Lot Size: _____
Acreage: 50.42

☐ Shoreland ☒ Non-Shoreland
☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue -->
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue -->
Distance Structure is from Shoreline: _____ feet
Distance Structure is from Shoreline: _____ feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$125,000	New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> AG	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> N/A
	Relocate (existing bldg)	<input type="checkbox"/> Basement	Storage	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	
			X Pole Bld.			

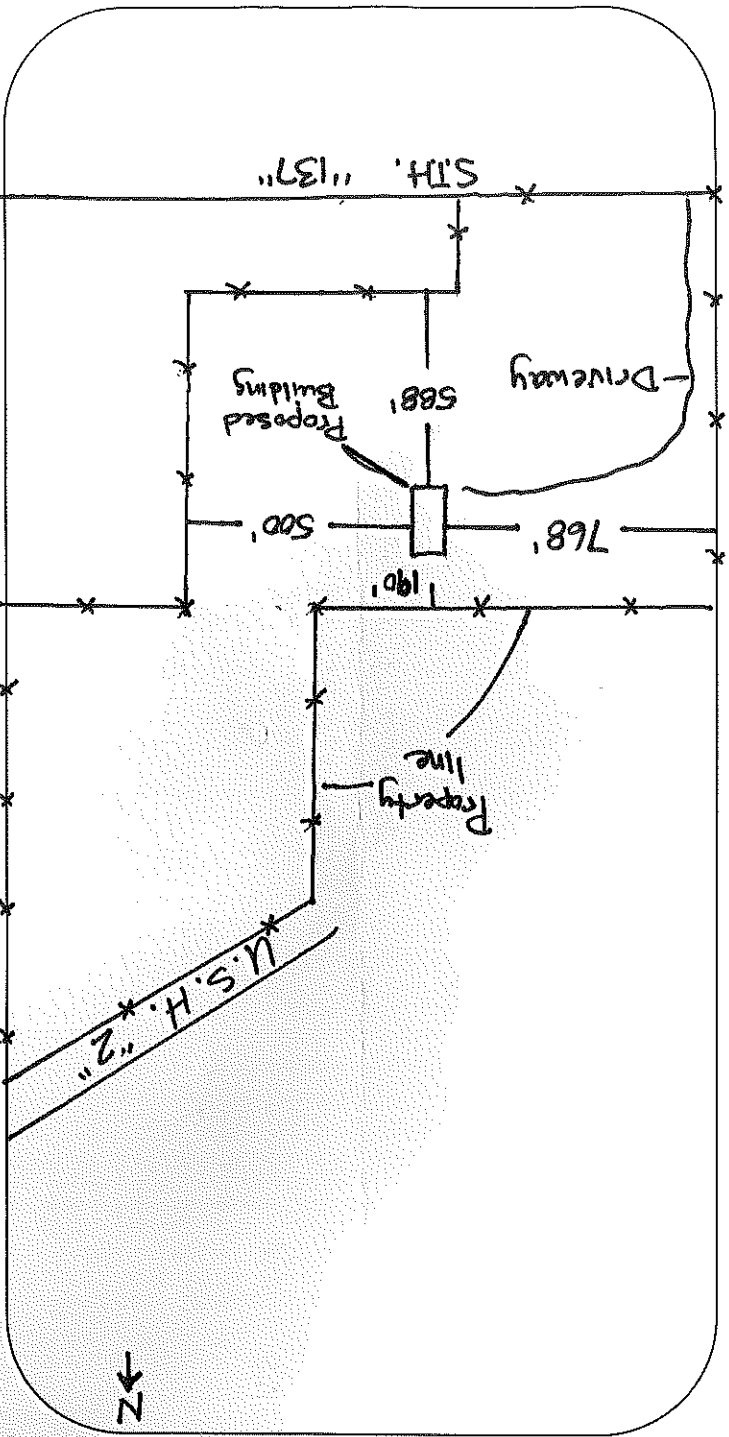
Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction: Pole Bld. and Storage
Length: 120
Width: 60
Height: 16' @ side wall

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property) Bldg. Storage		(60 x 120)	7200
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		()	
<input type="checkbox"/> with Loft		()	
<input type="checkbox"/> with a Porch		()	
<input type="checkbox"/> with (2nd) Porch		()	
<input type="checkbox"/> with a Deck		()	
<input type="checkbox"/> with (2nd) Deck		()	
<input checked="" type="checkbox"/> Commercial Use Rec'd for Issuance	with Attached Garage	()	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities		()	
<input type="checkbox"/> Mobile Home (manufactured date)		()	
<input type="checkbox"/> Addition/Alteration (specify)		()	
<input type="checkbox"/> Accessory Building (specify)		()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		()	
<input type="checkbox"/> Special Use: (explain)		()	
<input type="checkbox"/> Conditional Use: (explain)		()	
<input checked="" type="checkbox"/> Other (explain) Agricultural Storage Bldg. Shack		(120' x 60')	7200

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(If there are Multiple Owners listed on this deed All Owners must sign or better yet, authorization must accompany this application)
Authorized Agent: _____ Date: 9/29/16
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1600' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	987 Feet	Setback from the River/Stream/Creek	N/A Feet
Setback from the North Lot Line	190 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	588 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	768 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	500' Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>16-0300</u>		Permit Date: <u>9-8-16</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (f-used/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District (A-1)		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lakes Classification ()		
Inspection Record:				Date of Re-Inspection:			
OK - owner States making errors							
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)							
Not for human habitation							
No h2o under pressure							
Signature of Inspector: <u>gfrady</u>				Date of <u>9/29/16</u>			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	